Meeting Notes
Framework for Payment Subcommittee
December 14, 2011

Members present- **Paula Block**, CHC-Montana Primary Care Association; **Dr. Doug Carr**, Billings Clinic; **Dr. Paul Cook**, Rocky Mountain Health Network; **Dr. Janice Gomersall**, Montana Academy of Family Physicians; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **Dr. Jay Larson**, Independent Provider**; Kirsten Mailloux**, EBMS; **Dr. Fred Olson**, BCBS MT; **Dr. Bob Shepard**, New West Health Services; **Dr. Jerry Speer**, Benefis Health System

Interested Parties present- **Kristin Juliar**, Montana Office of Rural Health; JP Pujol, New West Health Services; **Dr. Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital; **Lisa Wilson**, Parents, Let's Unite for Kids-PLUK; Dror Baruch, EBMS

CSI staff present- Christine Kaufmann, Amanda Roccabruna Eby

The meeting was called to order by Chairman, Dr. Doug Carr at 2:00 PM.

1. Roll call and review of notes
   At the last meeting the subcommittee worked on a new version of the framework for payment document and the most significant revisions were made to the quality section. A new draft has circulated for discussion at today's meeting. The notes were accepted by the subcommittee.

2. Response to recent draft of framework for payment
   The quality section of the framework payment was the first point of discussion. Distributed payments may vary between payers based on how many members payers have in a particular practice. Once targets are set for metrics, each payer would provide payment to members annually based on how well targets were met. Self-funded plans may prefer membership-based rather than a population-based approach because it may be an easier analytical task. The quality metrics scores could be based on either the PCMH's payer attributed population for 30 or greater members or the total attributed population if it is less than 30. The quality measures scores will be based on statistically valid information, so members resisted putting in the word thirty to prevent codifying something that could change later.

   CSI staff suggested re-wording in areas where it says the council determines or approves; those terms should be changed to recommend. Providers said they would be comfortable with payment being based at the practice level and practices controlling of the distribution of payment to providers based on individual performance. There was disagreement on how well providers would be able to work out agreements with each other on distributing payment within a practice.

Dr. Carr will finalize the document for it to be posted on the website and submitted to the council in December for a vote at the January meeting.

3. Template for future contracts under medical home
   The framework for payment document will be used as a template for contracts between payers and providers. They will be no other recommended contract template. It will be up to the providers and payers to decide whether or not their contracts comply with the framework and what they need to do to make it comply. The contracts need to be unique to the payers and providers. The framework makes it clear enough what elements need to be included in a contract. CSI staff will discuss with the commissioner whether it would be appropriate to post a list of payers participating in medical homes on the CSI website.

4. Additional items
   Application requirements for the CMS Primary Care Initiative are extensive. CMS also sent a map of where they received LOI's from and color coded it for the number of payers in each state. The map shows that it will be a very competitive process and it will be very difficult to win.

5. Next Steps
   The subcommittees will not meet again unless the council determines that it needs them to meet.

Adjournment 3:00 PM